



INDIANA ECONOMIC DEVELOPMENT CORPORATION
OFFICE OF INTERNATIONAL DEVELOPMENT
TRADE SHOW ASSISTANCE PROGRAM (TSAP)
Application

This application is used by the Office of International Development to determine if an Indiana business is eligible for funding under the Trade Show Assistance Program.

***ALL QUESTIONS MUST BE ANSWERED THOROUGHLY
PLEASE TYPE OR PRINT CLEARLY***

Name of Company _____

Contact Person _____

Address _____

City, Zip _____ County _____

Telephone _____

Facsimile _____

Email _____ Company Website _____

Year firm was established _____ Number of employees worldwide _____
(Number of employees must include parent companies, subsidiaries, etc.)

Annual company sales _____ Federal I.D.# _____
(Must be provided)

Basic Industry Classification _____

(E.g. Hardware, Automotive, Etc.)

Is your company 51% or more:

Woman-owned ____ Yes ____ No

Minority-owned ____ Yes ____ No

Exhibit A, Page ____ of ____



If minority owned, please indicate the following:

___ African American ___ Multiracial ___ Hispanic
___ American Indian or Alaskan Native ___ Asian or Pacific Islander
___ Other (indicate) _____

**The above information is for reporting requirements
only and does not establish approval or rejection.**

Name of trade show _____

Show location and dates _____

(A copy of the trade show brochure must be attached)

Has the U.S. Department of Commerce or the U.S. Department of Agriculture certified the trade show?

Yes _____ No _____

If yes, please attach proof of the certification.

Has U.S. Commercial Services recommended the trade show?

Yes _____ No _____

If yes, please attach proof of the certification.

Is your company new to export? _____ New to this specific market? _____

What type of relationship are you seeking? _____ Agent _____ Distributor

___ Joint Venture ___ License ___ Direct to OEM
___ Other(Specify) _____



Name/Title of employee planning to attend trade show

Product(s) to be exhibited at show

NAICS Code(s) _____

What percentage of your product is manufactured in Indiana _____%

How did you hear of this show?

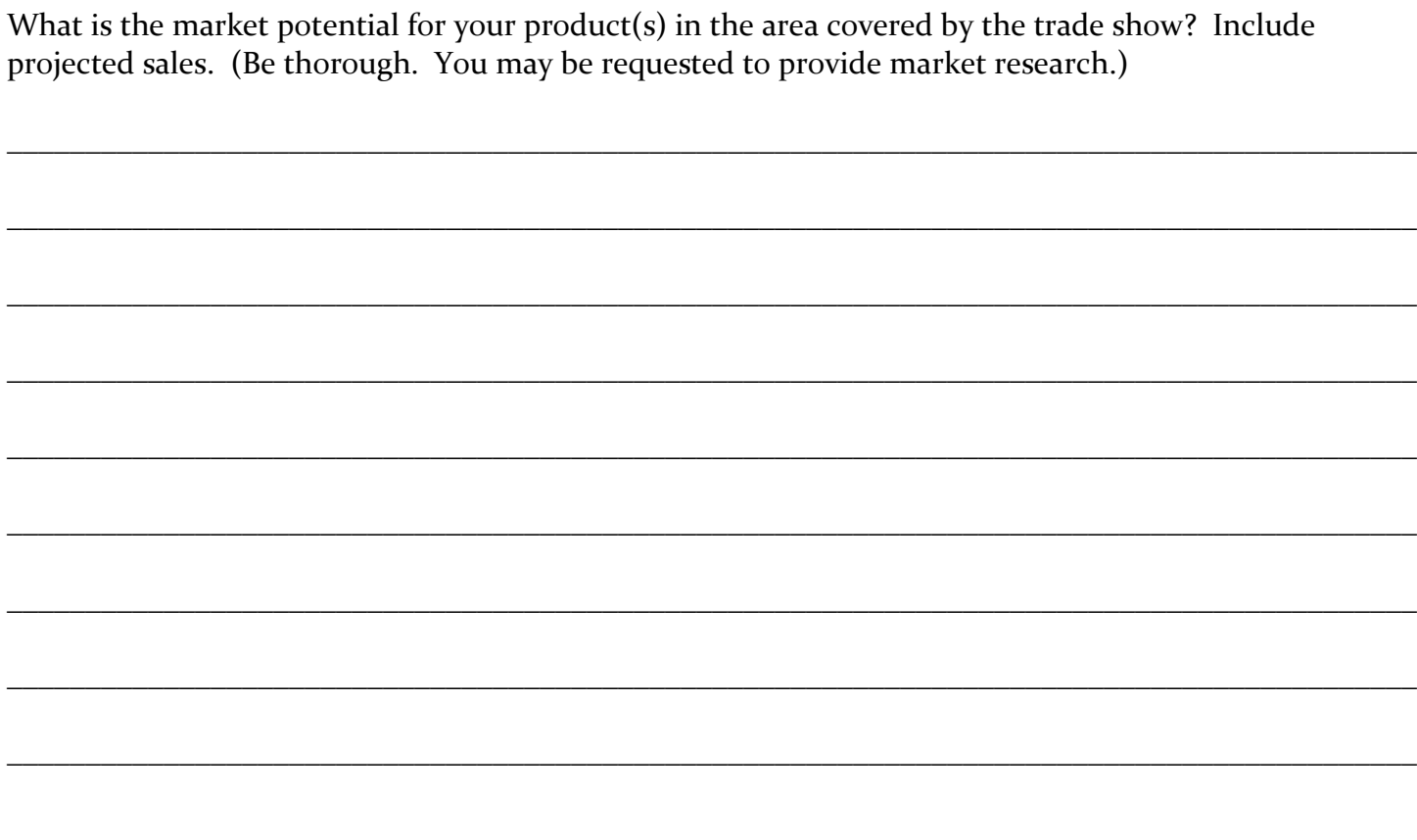
Have you participated in the TSAP before? Yes _____ No _____

If you have participated in a trade show with TSAP within the previous 12 months, please attach an evaluation describing the impact that the trade show has had on your business over the last year.

How did you hear of the TSAP?

Are you sharing a booth? _____ If yes, with how many companies? _____

Why have you selected this trade show for participation and what are your objectives/goals? (Be thorough. Use additional paper if needed.)



Estimated trade show expenses (Please see Conditions of Participation Regarding Rules and Restrictions for Reimbursement):

Funds you will receive to participate in the show from other trade fair assistance programs or sources other than your company



Private For-Profit Businesses (regardless of organizational structure)

Applicant hereby affirms that it is properly registered with the Indiana Secretary of State and is in good standing with the Indiana Department of Revenue. Applicant also affirms that, (1) there are no outstanding enforcement actions against it by the Indiana Department of Environmental Management, (2) that all permits have been acquired or are in process with the Indiana Department of Environmental Management and Indiana Department of Natural Resources, and, (3) there are no significant workforce issues, such as a pending reduction in the applicant's workforce or pending or threatened workforce action against the applicant. The below-named signatory hereby warrants that they are authorized to make such affirmations to the Indiana Economic Development Corporation.

I agree that all information provided on this application is true to the best of my knowledge. Upon approval of this application I will abide by the Conditions of Participation for this Program, which were provided to me along with this application, and will enter into a written agreement with the State of Indiana.

Applicant's Signature

Date

Print Name

Title

Return to:

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